

CITY OF CINCINNATI
DEVELOPMENT OF FINANCE/PURCHASING
OFFICE OF CONTRACT COMPLIANCE
SMALL BUSINESS ENTERPRISE PROGRAM

**APPLICATION
FOR
SBE FULL CERTIFICATION**

*TWO CENTENNIAL PLAZA
805 CENTRAL AVENUE, SUITE 234
CINCINNATI, OH 45202
(513)352-3144*

CONDITION OF APPLICATION

READ THE FOLLOWING CAREFULLY. Your signature on the City of Cincinnati Small Business Enterprise Program (SBEP) application or affidavit indicates that you understand and accept the conditions for participation in the program.

1. **SMALL BUSINESS ENTERPRISE (SBE):** "Small Business Enterprise" or SBE shall mean a firm for which the gross revenues or number of employees averaged over the past three years, inclusive of any affiliates as defined by 13 C.F.R. Sec. 121.201, does not exceed the size standards as defined pursuant to Section 3 of the SBE Act and for which the net worth of each owner does not exceed \$750,000.
2. **FIRM LOCATION:** The firm must have a place of business located within Hamilton County that has been maintained for at least one year prior to applying for certification.
3. **COMPLETE APPLICATION:** No incomplete application will be processed. Each question must be answered. All attachments must be completed. All required signatures must be supplied. Application must be notarized. Certification is for a two (2) year period.
4. **ACCESS TO BUSINESS PREMISES:** Applicant agrees to permit the City of Cincinnati and its representatives access to inspection of the applicant's place(s) of business.
5. **CHANGE IN BUSINESS STATUS:** Applicant agrees to immediately notify the Office of Contract Compliance and Administrative Hearings of any changes in any of the information supplied in this application.
6. **CITY REQUEST FOR SUPPLEMENTAL INFORMATION:** The City of Cincinnati reserves the right to require further information from the applicant prior to and during the certification process and at any time after certification has been granted.
7. **ACKNOWLEDGMENT OF SBEP RULES:** If the applicant is certified, the applicant agrees to abide by all rules governing the certification as may from time to time be determined by the City of Cincinnati.
8. **PENALTY FOR SUBMISSION OF FALSE OR MISLEADING INFORMATION:** Upon signing the application, applicant affirms that all information supplied herein is true and accurate, and that the application contains no false and/or misleading information.

Should any of the information provided in the application be false, the City may suspend further processing of the application or terminate the applicant's certification, should it already have been granted, as well as take such other action as provided for by contract or law.

9. **CERTIFICATION TERMINATION:** Certification may be terminated at anytime by the City of Cincinnati should the applicant not comply with the requirements for participation in the Program.

**SMALL BUSINESS ENTERPRISE PROGRAM
DOCUMENT CHECKLIST**

THE FOLLOWING DOCUMENTS MUST ACCOMPANY THIS APPLICATION AND ARE ENCLOSED

- () 1 Completed certification application - last page notarized.
- () 2. Documentation of minority or female status (e.g., Birth Certificate, US Passport, Tribal Certificate, Bureau of Indian Affairs card, DD214 military discharge papers - **Driver's License is not acceptable**).
- () 3. Completed Equal Employment Opportunity Program (OCC 147) form.
- () 4. Completed Vendor Registration Application (form #59).

WITH THE FIRST FOUR ITEMS, INCLUDE THE FOLLOWING DOCUMENTS BELOW ACCORDING TO YOUR COMPANY STRUCTURE

SUPPORTING DOCUMENTS FOR CORPORATION:

- () Copy of Articles of Incorporation, By-Laws/Code of Regulations including minutes of the first and most recent shareholders, board of directors and corporate meetings.
- () Resumes of all Stockholders/or Executive Officers including education, training and employment with dates, along with copies of both front and back of all issued stock certificates and copy of stock transfer journal.
- () Sample of business identification (business card, letterhead, brochure, etc.).
- () List all company locations owned or leased by your company. Include copies of any third party agreement (e.g signed purchase and/or lease agreements and/ or equipment agreements.
- () Management Service Agreements OR Buy/Sell Agreements (pertains to acquisition of business through purchase).

SUPPORTING DOCUMENTS FOR PARTNERSHIP AND LIMITED LIABILITY:

- () Copy of Partnership or Limited Liability Agreement and Resumes of each principle of company, including education, training and employment, including dates.
- () Licenses (s) to do business in the state or city as applicable.
- () Buy/Sell agreements and profit sharing agreements where applicable.
- () Proof of initial investment for partnership and copy of Third party agreements when applicable.

SUPPORTING DOCUMENTS FOR SOLE PROPRIETORSHIP:

- () Copy of Registered Trade Name, all professional and business license(s) required.
- () Resume of sole proprietor including the supervisor/foreman names, education, training and employment dates.
- () Copy of most recent financial income statement and balance sheet for previous three years or total number of years in business if less

ALL COMPANIES ARE TO INCLUDE THE FOLLOWING DOCUMENTS:

- () Signed copy of complete personal federal income tax return (Federal Form 1040) for previous three years or total number of years in business if less
- () Signed copy of complete business federal income tax return (Federal Form 1120 or 1065) for previous three years or total number of years in business if less.
- () Copy of Principal(s) Personal Financial Statement or Net Worth Statement (enclosed)
- () Bank resolution card or signature card.
- () Copy of any active loans (e.g. promissory notes) and any equipment rental and or purchase agreements.

NOTE: If more space is needed for any section, please provide attachments



CITY OF CINCINNATI SMALL BUSINESS ENTERPRISE PROGRAM APPLICATION

Federal Tax I.D. No. _____

Date _____

(Application will not be processed if this is not completed)

1. Fixed Office Address

Vendor Name: _____

P.O. Box and/or Division: _____

Address: _____

Website Address: _____ E-Mail: _____

City: _____ State: _____ Zip: _____ PHONE() _____

Contact Name: _____ Length at this Address: _____

2. Alternate Address/Fixed Office

Vendor Name: _____

P.O. Box and/or Division: _____

Address: _____

City: _____ State: _____ Zip: _____ PHONE() _____

Length at this Address: _____ Previous Address: _____

3. RACE

- AFRICAN AMERICAN
- ASIAN
- HISPANIC
- NATIVE INDIAN
- CAUCASIAN

GENDER

- MALE
- FEMALE

ARE YOU AN AMERICAN CITIZEN

- YES
- NO

4. TYPE OF BUSINESS (CHECK ONE)

- CONSTRUCTION
- SUPPLIER
- SERVICES
- PROFESSIONAL

5. LEGAL STRUCTURE (CHECK ONE) Attach Documentation

- INDIVIDUAL - SOLE PROPRIETORSHIP
- PARTNERSHIP _____% OWNERSHIP
- JOINT VENTURE
- CORPORATION _____% OWNERSHIP
- LIMITED LIABILITY CO

6. DATE BUSINESS WAS ESTABLISHED: _____ \ _____ \ _____ (Month, Day, Year)

7. HOW MANY YEARS UNDER CURRENT OWNERSHIP? _____
8. ARE YOU A MANUFACTURER? () Yes () No If yes, describe your product and submit a brochure.

9. ARE YOU A MANUFACTURER'S REPRESENTATIVE? () Yes () No
If yes, submit all agreements as a manufacturer representative.
10. ARE YOU AN AUTHORIZED DISTRIBUTOR? () Yes () No
If yes, submit copy of dealership.
11. DO YOU PROVIDE PROFESSIONAL SERVICES? () Yes () No
If yes, submit evidence explaining the type of services performance.
12. ARE YOU A BROKERAGE FIRM? () Yes () No
13. BRIEFLY DESCRIBE THE ACTIVITIES OF YOUR FIRM. (*THIS DESCRIPTION WILL BE USED IN THE SBE DIRECTORY.*)

PART II - BUSINESS HISTORY

1. STREET AND ADDRESS OF FACILITIES USED BY FIRM (INCLUDE OFFICE, WAREHOUSE AND STORAGE SPACES)
- STREET _____ CITY _____ STATE _____ ZIP _____
- STREET _____ CITY _____ STATE _____ ZIP _____
- STREET _____ CITY _____ STATE _____ ZIP _____
2. DO YOU SHARE FACILITIES? () Yes () No
- If yes, indicate which facilities are shared _____
With whom do you share facilities? (Name of firm\individual(s)) _____

PART III - MANAGEMENT INFORMATION

- 1. PLEASE LIST OWNERS, PARTNERS OR SHAREHOLDERS, WHICHEVER IS APPLICABLE:**
(Use attachment if necessary)

<u>NAME</u>	<u>ADDRESS</u>	<u>CITY</u>	<u>STATE</u>	<u>ZIP</u>
_____	_____	_____	_____	_____
RACE/NATIONAL ORIGIN		PERCENT OF OWNERSHIP		
_____	_____	_____	_____	_____
<u>NAME</u>	<u>ADDRESS</u>	<u>CITY</u>	<u>STATE</u>	<u>ZIP</u>
_____	_____	_____	_____	_____
RACE/NATIONAL ORIGIN		PERCENT OF OWNERSHIP		
_____	_____	_____	_____	_____
<u>NAME</u>	<u>ADDRESS</u>	<u>CITY</u>	<u>STATE</u>	<u>ZIP</u>
_____	_____	_____	_____	_____
RACE/NATIONAL ORIGIN		PERCENT OF OWNERSHIP		
_____	_____	_____	_____	_____
<u>NAME</u>	<u>ADDRESS</u>	<u>CITY</u>	<u>STATE</u>	<u>ZIP</u>
_____	_____	_____	_____	_____
RACE/NATIONAL ORIGIN		PERCENT OF OWNERSHIP		
_____	_____	_____	_____	_____

- 2. LIST THE NAME OF EACH PERSON WHO PERFORMS THE FOLLOWING FUNCTIONS:**

FUNCTION	NAME	TITLE	ANNUAL SALARY
Bookkeeping\Accounting			
Estimating			
Banking & Signing Checks			
Taxes			
Negotiate Contracts			
Sign Contracts			
Negotiate\Sign Loans			
Negotiate\Sign Bonding			
Field Operations			

3. Has any person listed in #2 (including spouse and immediate family members) ever had a prior business or working relationship with any of the other persons listed (including spouse and immediate family member)? This includes but is not limited to) relationship such as employer-employee, supervisor-employee, co-workers, investor-employee, etc. () Yes () No If yes, identify the person(s) and describe the relationship(s) below.

NAME	RELATIONSHIP
_____	_____
_____	_____
_____	_____

4. Is any person listed in #2 (including spouse and immediate family members) affiliated or associated in any capacity with any of the other business concern(s) operating the same or similar type of business as applicant concern? () Yes () No If yes, complete the following:

NAME\TITLE	BUSINESS NAME	AFFILIATION
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. List Construction projects your company has performed, excluding joint ventures, in the past three years. If more than three years, list the largest according to dollars and amount of contracts.

LOCATION	STARTED	SPECIALTY COMPLETED	CONTRACT DATE	AMOUNT
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

PART IV - BUSINESS TRADE REFERENCE(S)

1. List trade reference(s) with which your Company has done business or persons for whom you have performed services within the past two years.

NAME_____	ADDRESS_____
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CITY_____	STATE_____	ZIP_____	PHONE () _____
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CONTACTPERRSON_____	TITLE_____
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NAME_____	ADDRESS_____
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CITY_____	STATE_____	ZIP_____	PHONE () _____
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CONTACTPERSON_____	TITLE_____
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NAME_____	ADDRESS_____
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CITY_____	STATE_____	ZIP_____	PHONE () _____
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CONTACTPERSON_____	TITLE_____
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Policy on Non-Discrimination on the Basis of Disability:

The City of Cincinnati does not discriminate on the basis of disability in the admission or access to, or treatment or employment in its programs or activities. The Director of Personnel has been designated to coordinate compliance with the non-discrimination requirements contained in Section 35.107 of the Department of Justice regulations. Information concerning the provisions of the Americans with Disabilities Act(ADA), and the rights provided thereunder, are available from the ADA coordinator, at (513) 352-2443.

PART V - CERTIFICATION

I/we, the undersigned making application, certify that all information is true and accurate and that all principal owner(s) of the Small Business Enterprise will comply with all rules, regulations and laws governing or pertaining to the City of Cincinnati Small Business Enterprise Program. In addition, the principals agree that any information submitted can be verified by the Office of Contract Compliance Small Business Enterprise Program and forwarded to other entities which are attempting to qualify firm for a SBE Program.

ALL OWNERS MUST SIGN

NAME_____	SIGNATURE_____
TITLE_____	DATE_____PHONE ()_____
NAME_____	SIGNATURE_____
TITLE_____	DATE_____PHONE ()_____
NAME_____	SIGNATURE_____
TITLE_____	DATE_____PHONE ()_____
NAME_____	SIGNATURE_____
TITLE_____	DATE_____PHONE ()_____

Subscribed and duly sworn before me according to law by the above named applicant(s) the _____day of _____, 20____, County of _____ and State of _____.

SS

Notary Public

RETURN APPLICATION TO:
DEPARTMENT OF FINANCE/PURCHASING
OFFICE OF CONTRACT COMPLIANCE
SMALL BUSINESS ENTERPRISE PROGRAM
TWO CENTENNIEL PLAZA
805 CENTRAL AVENUE, SUITE 234
CINCINNATI, OH 45202
(513) 352-3144 (513) 352-3157 FAX



PERSONAL FINANCIAL STATEMENT

As of _____, _____

Name _____

Business Phone _____

Residence Address _____

Residence Phone _____

City, State, & Zip Code _____

Business Name of Applicant/Borrower _____

ASSETS		LIABILITIES	
	(Omit Cents)		(Omit Cents)
Cash on hand & in Banks	\$ _____	Accounts Payable	\$ _____
Savings Accounts	\$ _____	Notes Payable to Banks and Others	\$ _____
IRA or Other Retirement Account	\$ _____	(Describe in Section 2)	
Accounts & Notes Receivable	\$ _____	Installment Account (Auto)	\$ _____
Life Insurance-Cash Surrender Value Only	\$ _____	Mo. Payments \$ _____	
(Complete Section 8)		Installment Account (Other)	\$ _____
Stocks and Bonds	\$ _____	Mo. Payments \$ _____	
(Describe in Section 3)		Loan on Life Insurance	\$ _____
Real Estate	\$ _____	Mortgages on Real Estate	\$ _____
(Describe in Section 4)		(Describe in Section 4)	
Automobile-Present Value	\$ _____	Unpaid Taxes	\$ _____
Other Personal Property	\$ _____	(Describe in Section 6)	
(Describe in Section 5)		Other Liabilities	\$ _____
Other Assets	\$ _____	(Describe in Section 7)	
(Describe in Section 5)		Total Liabilities	\$ _____
Total	\$ _____	Net Worth	\$ _____
		Total	\$ _____

Section 1. Source of Income

Salary

Net Investment Income

Real Estate Income

Other Income (Describe below)*

Contingent Liabilities

As Endorser or Co-Maker

Legal Claims & Judgments

Provision for Federal Income Tax

Other Special Debt

Description of Other Income in Section 1.

*Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.

Section 2. Notes Payable to Banks and Others. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

Name and Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed Type of Collateral

Section 3. Stocks and Bonds. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed).					
Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

Section 4. Real Estate Owned. (List each parcel separately. Use attachment if necessary. Each attachment must be identified as a part of this statement and signed.)			
	Property A	Property B	Property C
Type of Property			
Address			
Date Purchased			
Original Cost			
Present Market Value			
Name & Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment per Month/Year			
Status of Mortgage			

Section 5. Other Personal Property and Other Assets. (Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment and if delinquent, describe delinquency)

Section 6. Unpaid Taxes. (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)

Section 7. Other Liabilities. (Describe in detail.)

Section 8. Life Insurance Held. (Give face amount and cash surrender value of policies - name of insurance company and beneficiaries)

I authorize _____ to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. I understand FALSE statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1001).

Signature: _____	Date: _____	Social Security Number: _____
Signature: _____	Date: _____	Social Security Number: _____

City of Cincinnati



Department of Finance
Purchasing Division

Two Centennial Plaza
805 Central Avenue, Suite 234
Cincinnati, Ohio 45202-1947

Joe Gray
Director

Bernadine R. Franklin
Finance Manager
City Purchasing Agent

Dear Applicant to the City's Bid List:

The City of Cincinnati is using the National Institute of Governmental Purchasing (NIGP) system of coding to establish a centralized vendor file. This file will be used actively by the various City departments seeking qualified and competitive vendors interested in providing a variety of services and supplies to the City.

Enclosed is a Vendor Registration application that includes a Form W-9. If you are interested in doing business with the City, please complete the enclosed forms. Return pages 2 through 11 of the application, along with the Form W-9, to the Purchasing Division at the above address. Forms 59 and W-9 must be signed and dated. Additional information will be requested from your company based on the class descriptions you circle.

Please note that unless all forms [Form 59, NIGP Class Item Report, Construction Commodity Class (if applicable) and W-9] are received by the Purchasing Division, you *will not* be registered in our vendor file. Purchase Orders cannot be issued to a vendor who is *not* registered.

We appreciate your interest in doing business with the City of Cincinnati and look forward to working with you.

For assistance in completing this application, call the Purchasing Division at (513)352-3209.

Sincerely,

Bernadine R. Franklin
City Purchasing Agent

Enclosures

F59
02/2006

City of Cincinnati
Division of Purchasing
Vendor Registration Application
Please Print or Type

Application will not be processed without Federal Tax I.D. Number

FEDERAL TAX I.D. # _____

Phone Number _____
Area Code Number

Fax Number _____
Area Code Number

1. Where Should Check Be Sent?

Company Name _____

Division _____

Street Address or P.O. Box _____

City _____ State _____ Zip Code _____ COUNTY: _____

Contact Name: _____ Title: _____

2. What is your Solicitation/Contract Mailing Address?

Company Name _____

Division _____

Street Address or P.O. Box _____

City _____ State _____ Zip Code _____ COUNTY: _____

Contact Name: _____ Title: _____

3. What is your Fixed Office Address? (Use Cincinnati address, if you have a fixed office in this area.)

Company Name _____

Division _____

Street Address _____

City _____ State _____ Zip Code _____ COUNTY: _____

Contact Name: _____ Title: _____

*Small Business Enterprise (SBE) _____ yes _____ no

Are you currently Certified in the City's SBE Program _____ yes _____ no

* Information regarding the City of Cincinnati Small Business Enterprise Program certification requirements as a SBE is provided by the Office of Contract Compliance at (513) 352-3144.

For City Use Only
Commodity Code (add/delete only) _____

City of Cincinnati
Vendor Registration Application (NIGP)

TYPE OF ORGANIZATION (Please check one only):

Individual _____	Medical Corporation _____
Joint Venture _____	Corporate, for Profit _____
Partnership _____	Non-Profit Organization _____
Governmental _____	(Other) (Identify) _____

_____ Applicant Signature	_____ Title	_____ Date
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Based on the Commodity Class Descriptions listed on the following pages, please circle the Class Description(s) of services and supplies you are willing to provide to the City of Cincinnati.

NOTE:

Vendors wishing to register for construction should circle Class Descriptions 099. Said code is for construction *services* only. You must complete the construction commodity class sheet.

For construction *supplies*, circle the appropriate supply Class Description(s). *Example:* 031, Air Conditioning, heating and ventilating equipment parts and accessories.

Ineligible Person(s)

Per City of Cincinnati Ordinance No. 366-1996, any person or affiliate who is on the City of Cincinnati's Financial Obligation Ineligibility List due to being delinquent in the payment of any financial obligation to the City and/or any of its Departments, Boards or Commissions, shall not be eligible for any City award.

The applicant or affiliate hereby certifies that the applicant or affiliate is not delinquent in the payment of any financial obligation to the City and/or any of its Departments, Boards or Commissions.

By _____ Title _____
Signature of person authorized to sign

Type or print name signed above

Name of Company, Corporation, Etc.

ATTENTION:

If you cannot locate your Class Description(s) on the following pages, please give a description on page 10 and mail along with application.

RETURN PAGES 2 THROUGH 11 ALONG WITH FORM W-9 TO:

City of Cincinnati
Department of Finance - Purchasing Division
805 Central Avenue, Suite 234
Cincinnati, Ohio 45202-1947

NIGP Class Item Report

Class	Description
005	ABRASIVES
010	ACOUSTICAL TILE, INSULATING MATERIALS AND SUPPLIES
015	ADDRESSING, COPYING, MIMEOGRAPH AND SPIRIT DUPLICATING MACHINE SUPPLIES: CHEMICALS, INKS, PAPER, ETC.
020	AGRICULTURAL EQUIPMENT, IMPLEMENTS AND ACCESSORIES
022	AGRICULTURAL IMPLEMENT AND ACCESSORY PARTS
025	AIR COMPRESSORS AND ACCESSORIES
031	AIR CONDITIONING, HEATING AND VENTILATING: EQUIPMENT, PARTS AND ACCESSORIES (SEE RELATED ITEMS IN CLASS 740)
035	AIRCRAFT AND AIRPORT EQUIPMENT, PARTS AND SUPPLIES
037	AMUSEMENT, DECORATIONS, ENTERTAINMENT, TOYS, ETC.
040	ANIMALS, BIRDS AND MARINE LIFE INCLUDING ACCESSORY ITEMS (LIVE)
045	APPLIANCES AND EQUIPMENT, HOUSEHOLD TYPE
050	ART EQUIPMENT AND SUPPLIES
052	ART OBJECTS
055	AUTOMOTIVE ACCESSORIES FOR AUTOMOBILES, BUSES, TRUCKS, ETC.
060	AUTOMOTIVE MAINTENANCE ITEMS AND REPAIR/REPLACEMENT PARTS
065	AUTOMOTIVE BODIES, ACCESSORIES AND PARTS
070	AUTOMOTIVE VEHICLES AND RELATED TRANSPORTATION EQUIPMENT
075	AUTOMOTIVE SHOP EQUIPMENT AND SUPPLIES
080	BADGES, EMBLEMS, NAME TAGS AND PLATES, JEWELRY, ETC.
085	BAGS, BAGGING, TIES AND EROSION CONTROL EQUIPMENT
099	CONSTRUCTION SERVICES (<i>see construction commodity class sheet attached</i>)
100	BARRELS, DRUMS, KEGS AND CONTAINERS
105	BEARINGS (EXCEPT WHEEL BEARINGS AND SEALS - SEE CLASS 060)
110	BELTS AND BELTING: CONVEYOR, ELEVATOR, POWER TRANSMISSION AND V-BELTS
115	BIOCHEMICALS, RESEARCH
120	BOATS, MOTORS, AND MARINE AND WILDLIFE SUPPLIES
125	BOOKBINDING SUPPLIES
135	BRICKS AND OTHER CLAY PRODUCTS, REFRACTORY MATERIALS AND STONE PRODUCTS
145	BRUSHES (NOT OTHERWISE CLASSIFIED)
150	BUILDERS' SUPPLIES
155	BUILDINGS AND STRUCTURES: FABRICATED AND PREFABRICATED
165	CAFETERIA AND KITCHEN EQUIPMENT: COMMERCIAL
175	CHEMICAL LABORATORY EQUIPMENT AND SUPPLIES
180	CHEMICAL RAW MATERIALS (IN LARGE QUANTITIES PRIMARILY FOR MANUFACTURING JANITORIAL AND LAUNDRY PRODUCTS)
190	CHEMICALS AND SOLVENTS, COMMERCIAL (IN BULK)
192	CLEANING COMPOSITIONS, DETERGENTS, SOLVENTS AND STRIPPERS - PREPACKAGED
193	CLINICAL LABORATORY REAGENTS AND TESTS (BLOOD GROUPING, DIAGNOSTIC, DRUG MONITORING, ETC.)

NIGP Class Item Report

Class	Description
195	CLOCKS, TIMERS, WATCHES AND JEWELERS' AND WATCHMAKERS' TOOLS AND EQUIPMENT
200	CLOTHING, APPAREL, UNIFORMS AND ACCESSORIES
204	COMPUTER HARDWARE AND PERIPHERALS FOR MICROCOMPUTERS
206	COMPUTER HARDWARE AND PERIPHERALS FOR MINI AND MAINFRAME COMPUTERS
207	COMPUTER ACCESSORIES AND SUPPLIES
208	COMPUTER SOFTWARE FOR MICROCOMPUTERS (PREPROGRAMMED)
209	COMPUTER SOFTWARE FOR MINI AND MAINFRAME COMPUTERS (PREPROGRAMMED)
210	CONCRETE AND METAL CULVERTS, PILINGS, SEPTIC TANKS, ACCESSORIES AND SUPPLIES
220	CONTROLLING, INDICATING, MEASURING, MONITORING, AND RECORDING INSTRUMENTS AND SUPPLIES
225	COOLERS, DRINKING WATER (WATER FOUNTAINS)
232	CRAFTS, GENERAL
233	CRAFTS, SPECIALIZED
240	CUTLERY, DISHES, FLATWARE, GLASSWARE TRAYS, UTENSILS AND SUPPLIES
250	DATA PROCESSING CARDS AND PAPER
255	DECALS AND STAMPS
260	DENTAL EQUIPMENT AND SUPPLIES
265	DRAPERIES, CURTAINS AND UPHOLSTERY MATERIAL (INCLUDING AUTOMOBILE)
269	DRUGS AND PHARMACEUTICALS
271	DRUGS, PHARMACEUTICALS AND SETS (FOR LARGE VOLUME PARENTERAL ADMINISTRATION, INFUSION, IRRIGATION AND TUBE FEEDING)
280	ELECTRICAL CABLES AND WIRES (NOT ELECTRONIC)
285	ELECTRICAL EQUIPMENT AND SUPPLIES (EXCEPT CABLE AND WIRE)
287	ELECTRONIC COMPONENTS, REPLACEMENT PARTS AND ACCESSORIES: AND MISCELLANEOUS ELECTRONIC EQUIPMENT (NOT FOR TESTING OR ANALYZING - SEE 730)
295	ELEVATORS AND ESCALATORS, BUILDING TYPE
305	ENGINEERING EQUIPMENT, SURVEYING EQUIPMENT, DRAWING INSTRUMENTS AND SUPPLIES
310	ENVELOPES, PLAIN OR PRINTED
315	EPOXY BASED FORMULATIONS FOR ADHESIVES, COATINGS AND RELATED AGENTS
318	FARE COLLECTION EQUIPMENT AND SUPPLIES
320	FASTENING, PACKAGING, STRAPPING, TYING EQUIPMENT AND SUPPLIES
325	FEED, BEDDING, VITAMINS AND SUPPLEMENTS FOR ANIMALS (SEE CLASS 875 FOR DRUGS AND PHARMACEUTICALS FOR ANIMALS)
330	FENCING
335	FERTILIZERS AND SOIL CONDITIONERS
340	FIRE PROTECTION EQUIPMENT AND SUPPLIES
345	FIRST AID AND SAFETY EQUIPMENT AND SUPPLIES (EXCEPT NUCLEAR AND WELDING)
350	FLAGS, FLAG POLES, BANNERS AND ACCESSORIES

NIGP Class Item Report

Class	Description
360	FLOOR COVERING, FLOOR COVERING INSTALLATION AND REMOVAL EQUIPMENT, AND SUPPLIES
365	FLOOR MAINTENANCE MACHINES, PARTS AND ACCESSORIES
375	FOODS: BAKERY PRODUCTS (FRESH)
380	FOODS: DAIRY PRODUCTS (FRESH)
385	FOODS: FROZEN
390	FOODS: PERISHABLE
393	FOODS: STAPLE GROCERY AND GROCERS' MISCELLANEOUS ITEMS
395	FORMS, CONTINUOUS: COMPUTER PAPER, FORM LABELS SNAP-OUT FORMS AND FOLDERS FOR FORMS
400	FOUNDRI CASTINGS, EQUIPMENT AND SUPPLIES
405	FUEL, OIL, GREASE AND LUBRICANTS
410	FURNITURE: HEALTH CARE AND HOSPITAL FACILITY
415	FURNITURE: LABORATORY
420	FURNITURE: CAFETERIA, CHAPEL, DORMITORY, HOUSEHOLD, LIBRARY, LOUNGE, SCHOOL
425	FURNITURE: OFFICE
430	GASES, CONTAINERS, EQUIPMENT: LABORATORY, MEDICAL AND WELDING
435	GERMICIDES, CLEANERS AND RELATED SANITATION PRODUCTS FOR HEALTH CARE PERSONNEL
440	GLASS AND GLAZING SUPPLIES
445	HAND TOOLS (POWERED AND NON-POWERED) ACCESSORIES AND SUPPLIES
450	HARDWARE AND RELATED ITEMS
460	HOSE, ACCESSORIES AND SUPPLIES: INDUSTRIAL, COMMERCIAL AND GARDEN
465	HOSPITAL AND SURGICAL EQUIPMENT, INSTRUMENTS AND SUPPLIES
470	HOSPITAL EQUIPMENT AND SUPPLIES: MOBILITY, SPEECH IMPAIRED AND RESTRAINT ITEMS
475	HOSPITAL, SURGICAL AND RELATED MEDICAL ACCESSORIES AND SUNDRY ITEMS
485	JANITORIAL SUPPLIES, GENERAL LINE
490	LABORATORY EQUIPMENT AND ACCESSORIES (FOR GENERAL ANALYTICAL AND RESEARCH USE): NUCLEAR, OPTICAL AND PHYSICAL
493	LABORATORY EQUIPMENT AND ACCESSORIES: BIOCHEMISTRY, CHEMISTRY, ENVIRONMENTAL SCIENCE, ETC.
495	LABORATORY AND FIELD EQUIPMENT AND SUPPLIES: BIOLOGY, BOTANY, GEOLOGY, MICROBIOLOGY, ZOOLOGY, ETC.
500	LAUNDRY AND DRY CLEANING EQUIPMENT, ACCESSORIES, PARTS AND SUPPLIES - COMMERCIAL
505	LAUNDRY AND DRY CLEANING COMPOUNDS AND SUPPLIES
510	LAUNDRY TEXTILES AND SUPPLIES
515	LAWN MAINTENANCE EQUIPMENT, ACCESSORIES, AND PARTS (NON-AGRICULTURAL APPLICATIONS)
520	LEATHER AND RELATED EQUIPMENT, PRODUCTS, ACCESSORIES AND SUPPLIES
525	LIBRARY AND ARCHIVAL EQUIPMENT, MACHINES AND SUPPLIES
530	LUGGAGE, BRIEF CASES, PURSES AND RELATED ITEMS
540	LUMBER AND RELATED PRODUCTS
545	MACHINERY AND HARDWARE, INDUSTRIAL

NIGP Class Item Report

Class	Description
550	MARKERS, PLAQUES AND TRAFFIC CONTROL DEVICES
556	MASS TRANSPORTATION - TRANSIT BUS
557	MASS TRANSPORTATION - TRANSIT BUS ACCESSORIES AND PARTS
558	MASS TRANSPORTATION - RAIL VEHICLES AND SYSTEMS
559	MASS TRANSPORTATION - RAIL VEHICLE PARTS AND ACCESSORIES
560	MATERIAL HANDLING AND STORAGE EQUIPMENT AND ALLIED ITEMS
565	MATTRESS MANUFACTURING MACHINERY AND SUPPLIES
570	METALS: BARS, PLATES, RODS, SHEETS, STRIPS, STRUCTURAL SHAPES, TUBING AND FABRICATED ITEMS
575	MICROFICHE AND MICROFILM EQUIPMENT, ACCESSORIES AND SUPPLIES
578	MISCELLANEOUS PRODUCTS
580	MUSICAL INSTRUMENTS, ACCESSORIES AND SUPPLIES
590	NOTIONS AND RELATED SEWING ACCESSORIES AND SUPPLIES
595	NURSERY STOCK, EQUIPMENT AND SUPPLIES
600	OFFICE MACHINES, EQUIPMENT AND ACCESSORIES
605	OFFICE MECHANICAL AIDS, SMALL MACHINES AND APPARATUSES
610	OFFICE SUPPLIES: CARBON PAPER AND RIBBONS, ALL TYPES
615	OFFICE SUPPLIES, GENERAL
620	OFFICE SUPPLIES: ERASERS, INKS, LEADS, PENS, PENCILS, ETC.
625	OPTICAL EQUIPMENT, ACCESSORIES AND SUPPLIES
630	PAINT, PROTECTIVE COATINGS, VARNISH, WALLPAPER AND RELATED PRODUCTS
635	PAINTING EQUIPMENT AND ACCESSORIES
640	PAPER AND PLASTIC PRODUCTS, DISPOSABLE
645	PAPER (FOR OFFICE AND PRINT SHOP USE)
650	PARK, PLAYGROUND, RECREATIONAL AREA AND SWIMMING POOL EQUIPMENT
652	PERSONAL HYGIENE AND GROOMING EQUIPMENT AND SUPPLIES
655	PHOTOGRAPHIC EQUIPMENT AND SUPPLIES (NOT INCLUDING GRAPHIC ARTS, MICROFILM AND X-RAY)
658	PIPE AND TUBING
659	PIPE FITTINGS
660	PIPES, TOBACCOS, SMOKING ACCESSORIES; ALCOHOLIC BEVERAGES
665	PLASTICS, RESINS, FIBERGLASS: CONSTRUCTION, FORMING, LAMINATING, AND MOLDING EQUIPMENT, ACCESSORIES AND SUPPLIES
670	PLUMBING EQUIPMENT, FIXTURES AND SUPPLIES
675	POISONS: AGRICULTURAL AND INDUSTRIAL
680	POLICE EQUIPMENT AND SUPPLIES
690	POWER GENERATION EQUIPMENT, ACCESSORIES AND SUPPLIES
700	PRINTING PLANT EQUIPMENT AND SUPPLIES (EXCEPT PAPERS)
710	PROSTHETIC DEVICES, HEARING AIDS, AUDITORY TESTING EQUIPMENT, ELECTRONIC READING DEVICES, ETC.
715	PUBLICATIONS AND AUDIOVISUAL MATERIALS (PREPARED MATERIALS ONLY, NOT EQUIPMENT, SUPPLIES OR PRODUCTION)
720	PUMPING EQUIPMENT AND ACCESSORIES
725	RADIO COMMUNICATION, TELEPHONE AND TELECOMMUNICATION EQUIPMENT, ACCESSORIES AND SUPPLIES

NIGP Class Item Report

Class	Description
730	RADIO COMMUNICATION AND TELECOMMUNICATION TESTING, MEASURING, AND ANALYZING EQUIPMENT, ACCESSORIES AND SUPPLIES
735	RAGS, SHOP TOWELS AND WIPING CLOTHS
740	REFRIGERATION EQUIPMENT AND ACCESSORIES
745	ROAD AND HIGHWAY BUILDING MATERIALS (ASPHALTIC)
750	ROAD AND HIGHWAY BUILDING MATERIALS (NOT ASPHALTIC)
755	ROAD AND HIGHWAY EQUIPMENT AND PARTS: ASPHALT AND CONCRETE HANDLING AND PROCESSING
760	ROAD AND HIGHWAY EQUIPMENT: EARTH HANDLING, GRADING, MOVING, PACKING, ETC.
765	ROAD AND HIGHWAY EQUIPMENT (EXCEPT ASPHALT, CONCRETE AND EARTH HANDLING EQUIPMENT IN CLASSES 755 AND 760)
770	ROOFING
775	SALT (SODIUM CHLORIDE) (SEE CLASS 393 FOR TABLE SALT)
780	SCALES AND WEIGHING APPARATUS (SEE 175-08 FOR LABORATORY BALANCES)
785	SCHOOL EQUIPMENT AND SUPPLIES
790	SEED, SOD, SOIL AND INOCULANTS
795	SEWING ROOM AND TEXTILE MACHINERY AND ACCESSORIES
800	SHOES AND BOOTS
801	SIGNS, SIGN MATERIALS, SIGN MAKING EQUIPMENT AND RELATED SUPPLIES
803	SOUND SYSTEMS, COMPONENTS AND ACCESSORIES: GROUP INTERCOM, MUSIC, PUBLIC ADDRESS, ETC.
805	SPORTING AND ATHLETIC GOODS
810	SPRAYING EQUIPMENT (EXCEPT HOUSEHOLD, NURSERY PLANT AND PAINT)
815	STEAM AND HOT WATER FITTINGS, ACCESSORIES AND SUPPLIES
820	STEAM AND HOT WATER BOILERS, STEAM HEATING AND POWER PLANT EQUIPMENT
830	TANKS (METAL, WOOD AND SYNTHETIC MATERIALS): MOBILE, PORTABLE, STATIONARY AND UNDERGROUND TYPES
832	TAPE (NOT DATA PROCESSING, MEASURING, OPTICAL, SEWING, SOUND OR VIDEO)
840	TELEVISION EQUIPMENT AND ACCESSORIES
845	TESTING APPARATUS AND INSTRUMENTS (NOT FOR ELECTRICAL OR ELECTRONIC MEASUREMENTS)
850	TEXTILES, FIBERS, HOUSEHOLD LINENS AND PIECE GOODS
855	THEATRICAL EQUIPMENT AND SUPPLIES
860	TICKETS, COUPON BOOKS, SALES BOOKS, STRIP BOOKS, ETC.
863	TIRES AND TUBES
865	TWINE
870	VENETIAN BLINDS, AWNINGS AND SHADES
875	VETERINARY EQUIPMENT AND SUPPLIES (SEE CLASS 325 FOR VITAMINS AND SUPPLEMENTS FOR ANIMALS)
880	VISUAL EDUCATION EQUIPMENT AND SUPPLIES (EXCEPT PROJECTION LAMPS - SEE CLASS 285)
885	WATER AND WASTEWATER TREATING CHEMICALS
890	WATER SUPPLY AND SEWAGE TREATMENT EQUIPMENT (NOT FOR AIR CONDITIONING, STEAM BOILER OR LABORATORY REAGENT WATER)

NIGP Class Item Report

Class	Description
895	WELDING EQUIPMENT AND SUPPLIES
898	X-RAY AND OTHER RADIOLOGICAL EQUIPMENT AND SUPPLIES (MEDICAL)
905	AIRCRAFT OPERATIONS SERVICES
906	ARCHITECT AND OTHER PROFESSIONAL DESIGN SERVICES (FOR CONSTRUCTION COVERAGE, SEE PUBLIC WORKS, CLASS 968)
908	BOOKBINDING, REBINDING AND REPAIRING
909	BUILDING CONSTRUCTION SERVICES - EQUIPMENT, FURNISHINGS, AND WORK COVERED BY BUILDING CONSTRUCTION CONTRACTS ONLY
910	BUILDING MAINTENANCE AND REPAIR SERVICES
915	COMMUNICATIONS AND MEDIA RELATED SERVICES
918	CONSULTING SERVICES
920	DATA PROCESSING SERVICES AND SOFTWARE
924	EDUCATIONAL SERVICES
925	ENGINEERING SERVICES, PROFESSIONAL
928	EQUIPMENT MAINTENANCE, RECONDITIONING AND REPAIR SERVICES FOR AUTOMOBILES, TRUCKS, TRAILERS, TRANSIT BUSES AND OTHER VEHICLES
929	EQUIPMENT MAINTENANCE, RECONDITIONING AND REPAIR SERVICES - AGRICULTURAL, HEAVY INDUSTRIAL EQUIPMENT AND MARINE EQUIPMENT
931	EQUIPMENT MAINTENANCE, RECONDITIONING AND REPAIR SERVICES - APPLIANCE, ATHLETIC, CAFETERIA, FURNITURE, MUSICAL INSTRUMENTS AND SEWING EQUIPMENT
934	EQUIPMENT MAINTENANCE, RECONDITIONING AND REPAIR SERVICES - LAUNDRY, LAWN, PAINTING, PLUMBING AND SPRAYING EQUIPMENT
936	EQUIPMENT MAINTENANCE, RECONDITIONING AND REPAIR SERVICES - GENERAL EQUIPMENT
938	EQUIPMENT MAINTENANCE, RECONDITIONING AND REPAIR SERVICES - HOSPITAL, LABORATORY AND TESTING EQUIPMENT
939	EQUIPMENT MAINTENANCE, RECONDITIONING AND REPAIR SERVICES - OFFICE, PHOTOGRAPHIC AND RADIO/TELEVISION EQUIPMENT
940	EQUIPMENT MAINTENANCE, REPAIR AND CONSTRUCTION SERVICES - RAILROAD
946	FINANCIAL SERVICES
948	HEALTH RELATED SERVICES (FOR HUMAN SERVICES SEE CLASS 952)
952	HUMAN SERVICES
953	INSURANCE, ALL TYPES
954	LAUNDRY AND DRY CLEANING SERVICES
956	LIBRARY SERVICES (SEE CLASS 908 FOR BOOKBINDING, REBINDING AND REPAIRING)
959	MARINE CONSTRUCTION SERVICES; MARINE EQUIPMENT MAINTENANCE AND REPAIR; RELATED MARINE SERVICES
961	MISCELLANEOUS PROFESSIONAL SERVICES
962	MISCELLANEOUS SERVICES
964	PERSONNEL, TEMPORARY (EMPLOYMENT AGENCY SERVICES)
965	PRINTING PREPARATIONS: ETCHING, PHOTOENGRAVING AND PREPARATION OF MATS, NEGATIVES AND PLATES
966	PRINTING AND RELATED SERVICES
968	PUBLIC WORKS, CONSTRUCTION AND RELATED SERVICES

NIGP Class Item Report

Class	Description
971	REAL PROPERTY RENTAL OR LEASE
975	RENTAL OR LEASE SERVICES OF EQUIPMENT - AGRICULTURAL, AIRCRAFT, AUTOMOTIVE, HEAVY EQUIPMENT AND MARINE EQUIPMENT
977	RENTAL OR LEASE SERVICES OF EQUIPMENT - APPLIANCES, CAFETERIA, FILM, FURNITURE, HARDWARE, MUSICAL, SEWING AND WINDOW AND FLOOR COVERINGS
979	RENTAL OR LEASE SERVICES OF EQUIPMENT - ENGINEERING, HOSPITAL, LABORATORY, PRECISION INSTRUMENTS, REFRIGERATION, SCALES AND TESTING EQUIPMENT
981	RENTAL OR LEASE OF EQUIPMENT - GENERAL EQUIPMENT
983	RENTAL OR LEASE SERVICES OF EQUIPMENT - JANITORIAL, LAUNDRY, LAWN, PAINTING, SPRAYING AND TEXTILE EQUIPMENT
984	RENTAL OR LEASE SERVICES OF COMPUTERS, DATA PROCESSING AND WORD PROCESSING EQUIPMENT
985	RENTAL OR LEASE SERVICES OF EQUIPMENT - OFFICE, PHOTOGRAPHIC, PRINTING, RADIO/TELEVISION/TELEPHONE EQUIPMENT
988	ROADSIDE, GROUNDS, RECREATIONAL AND PARK AREA SERVICES
990	SECURITY, FIRE, SAFETY AND EMERGENCY SERVICES
998	SALE OF SURPLUS & OBSOLETE ITEMS

CONSTRUCTION COMMODITY CLASS

COMMODITY CLASS: 099

SUB CLASS ()	DETAILED CLASS ()	DETAILED CLASS DESCRIPTION
___ 01	GENERAL CONSTRUCTION	
	___ 01	CARPENTRY, MASONRY, DRY WALL, WINDOWS,
	___ 02	PAINTING
	___ 03	ROOFING
	___ 04	CHIMNEY REPAIR
	___ 05	HOUSING REHABILITATION - WEATHERIZING
	___ 06	EXCAVATION, BACK FILLING
	___ 07	CEMENT TRADES - FOOTING, FOUNDATION, WALKS, DRIVEWAYS
	___ 08	SHEET METAL WORK
	___ 09	DEMOLITION: SALE/RAZING
	___ 10	FENCING INSTALLATION
	___ 11	MISC. CONSTRUCTION SERVICES, WATER WELL DRILLING,
	___ 12	ASBESTOS REMOVAL
	___ 13	ROAD REPAIR
	___ 14	WATER MAIN LAYING
	___ 15	WATER MAIN CLEANING AND LINING
	___ 16	SEWER ; SANITARY, STORMWATER, COMBINATION - REPAIR, INSTALLATION

VENDORS WANTING TO BE REGISTERED UNDER GENERAL CONSTRUCTION MUST PLACE A CHECK MARK IN THE ___ AREA TO THE LEFT OF "01 GENERAL CONSTRUCTION". CONTINUE TO CHECK ALL TRADES UNDER GENERAL CONSTRUCTION THE COMPANY PERFORMS.

___ 03	ELECTRICAL	
	___ 01	FIRE PROTECTION EQUIPMENT INSTALLATION [FIRE DETECTION, ALARM SYSTEM INSTALLATION]

CHECK FIRE PROTECTION EQUIPMENT INSTALLATION IF APPLICABLE.

___ 05	PLUMBING	
	___ 01	FIRE PROTECTION EQUIPMENT INSTALLATION [SPRINKLER SYSTEMS INSTALLED, PIPE FITTING, ETC.]

CHECK FIRE PROTECTION EQUIPMENT INSTALLATION IF APPLICABLE.

___ 07	HEATING, VENTILATING, AIR CONDITIONING	
	___ 01	BOILER, STEAM POWER PLANT

CHECK BOILER, STEAM POWER PLANT IF APPLICABLE.

___ 09	ELEVATOR	
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___ 11	LANDSCAPE WORK	
	___ 01	TREE SERVICE: PRUNE, TRIM, FERTILIZE, PLANT , GRASSCUTTING

CHECK TREE SERVICE: PRUNE, TRIM, FERTILIZE, PLANT , GRASSCUTTING IF APPLICABLE.

___ 13	TRAFFIC SIGNAL INSTALLATION	
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Request for Taxpayer Identification Number and Certification

Give form to the
requester. Do not
send to the IRS.

Print or type
See Specific Instructions on page 2.

Name	
Business name, if different from above	
Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶	<input type="checkbox"/> Exempt from backup withholding
Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code	
List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). **However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 2.** For other entities, it is your employer identification number (EIN). If you do not have a number, see **How to get a TIN** on page 2.

Note: If the account is in more than one name, see the chart on page 2 for guidelines on whose number to enter.

Social security number
+
or
Employer identification number
+

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), **and**
- I am not subject to backup withholding because: **(a)** I am exempt from backup withholding, or **(b)** I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or **(c)** the IRS has notified me that I am no longer subject to backup withholding, **and**
- I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 2.)

Sign Here	Signature of U.S. person ▶	Date ▶
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Purpose of Form

A person who is required to file an information return with the IRS must get your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to give your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee.

If you are a foreign person, use the appropriate Form W-8. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities.

Note: If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 30% of such payments **after** December 31, 2001 (29% **after** December 31, 2003). This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will **not** be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

- You do not furnish your TIN to the requester, or
- You do not certify your TIN when required (see the Part II instructions on page 2 for details), or
- The IRS tells the requester that you furnished an incorrect TIN, or
- The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions on page 2 and the separate **Instructions for the Requester of Form W-9**.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of Federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name. If you are an individual, you must generally enter the name shown on your social security card. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first and then circle the name of the person or entity whose number you enter in Part I of the form.

Sole proprietor. Enter your **individual** name as shown on your social security card on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

Limited liability company (LLC). If you are a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Treasury regulations section 301.7701-3, **enter the owner's name on the "Name" line.** Enter the LLC's name on the "Business name" line.

Other entities. Enter your business name as shown on required Federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name" line.

Exempt from backup withholding. If you are exempt, enter your name as described above, then check the "Exempt from backup withholding" box in the line following the business name, sign and date the form.

Individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends. For more information on exempt payees, see the Instructions for the Requester of Form W-9.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

Note: If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

Part I—Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box.

If you are a **resident alien** and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see **How to get a TIN** below.

If you are a **sole proprietor** and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are an LLC that is **disregarded as an entity** separate from its owner (see **Limited liability company (LLC)** above), and are owned by an individual, enter your SSN (or "pre-LLC" EIN, if desired). If the owner of a disregarded LLC is a corporation, partnership, etc., enter the owner's EIN.

Note: See the chart on this page for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get **Form SS-5**, Application for a Social Security Card, from your local Social Security Administration office. Get **Form W-7**,

Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or **Form SS-4**, Application for Employer Identification Number, to apply for an EIN. You can get Forms W-7 and SS-4 from the IRS by calling 1-800-TAX-FORM (1-800-829-3676) or from the IRS Web Site at www.irs.gov.

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note: Writing "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

Part II—Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 3, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt recipients, see **Exempt from backup withholding** above.

Signature requirements. Complete the certification as indicated in 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA or Archer MSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to give your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA or Archer MSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, and the District of Columbia to carry out their tax laws.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 30% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN or:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee ¹
b. So-called trust account that is not a legal or valid trust under state law	The actual owner ¹
5. Sole proprietorship	The owner ³
For this type of account:	Give name and EIN or:
6. Sole proprietorship	The owner ³
7. A valid trust, estate, or pension trust	Legal entity ⁴
8. Corporate	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership	The partnership
11. A broker or registered nominee	The broker or nominee
12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ **You must show your individual name**, but you may also enter your business or "DBA" name. You may use either your SSN or EIN (if you have one).

⁴ List first and circle the name of the legal trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.)

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.



CITY OF CINCINNATI EQUAL EMPLOYMENT OPPORTUNITY PROGRAM

Adopted by Ordinance NO. 331-1999

This form is designed to provide an evaluation of your policies and practices relating to the extension of equal employment opportunity to all persons without regard to race, religion, color, sex, national or ethnic origin, age, handicap, or Vietnam military service.

Ordinances of the City of Cincinnati and the rules and regulations pursuant thereto provide for contract compliance inspection of personnel policies and practices relating to designated contracts with the City including contracts for construction, labor, services, materials, supplies, equipment, leases, loan and concession agreements.

Completion of this Report is one of the steps which demonstrates compliance with the City's Equal Employment Opportunity Program. Responsibility for demonstrating compliance with the Program by the contractor and his subcontractor rests with the contractor or subcontractors. Such demonstration is a prerequisite for continued eligibility for bidding on City of Cincinnati contract. Your company's failure to demonstrate sincere efforts to comply with the City's EEO Program may result in the following actions(s) being taken against your company.

- 1) Condition approval of bid/contract award,
- 2) Company required to submit an Affirmative Action Plan, including goals and timetables for increased minority and/or female participation in company's workforce, and
- 3) Debarment from receiving future purchase order/contract awards.

PROCEDURE

You must complete this form OCC 147 prior to award of a bid/contract. You cannot receive an award without having a form OCC 147 approved by the City's Contract Compliance Officer.

Please complete and return pages one (1), three (3), five (5) and six (6) to the address below.

Office of Contract Compliance
805 Central Avenue, Suite 234
Centennial Plaza, Bldg. Two
Cincinnati, Ohio 45202-1947

For further information call:
(513) 352-3144

FAILURE TO SUBMIT COMPLETE AND ACCURATE INFORMATION ON THE FORM OCC 147 WITHIN TEN (10) DAYS OF NOTIFICATION FROM THE OFFICE OF CONTRACT COMPLIANCE SHALL BE GROUNDS FOR REJECTION OF YOUR BID/CONTRACT AS BEING **NON-RESPONSIVE**.

Submitted By _____
Date _____

EQUAL EMPLOYMENT OPPORTUNITY CLAUSE

During the performance of this contract, the contractor agrees as follows:

1. The contractor and subcontractors, if any, will not discriminate against any employee or applicant for employment because of race, religion, color, sex, national or ethnic origin, age, handicap, or Vietnam military service. The contractor and subcontractors, if any, will take affirmative action to insure that applicants are employed and that employees are treated during employment without regard to their race, religion, color, sex, national or ethnic origin, age, handicap or Vietnam military service. Such action will include, but not be limited to the following: employment, upgrading, demotion or transfer, recruitment or recruitment advertising, layoff or termination, rates of pay or other forms of compensation and selection for training including apprenticeship. The contractor and subcontractors, if any, agree to post in conspicuous places available to employees and applicants for employment, notices to be provided by the City setting forth the provisions of this non-discrimination clause.
2. The contractors and subcontractors, if any, will in all solicitations or advertisements for employees, placed by or on behalf of the contractor, or any subcontractor, state that all qualified applicants will receive consideration for employment without regard to race, religion, color, sex, national or ethnic origin, age, handicap, or Vietnam military service.
3. The contractor and subcontractors, if any, will send to each labor union or representatives of workers with which it has a collective bargaining agreement or other contract or understanding, a notice to be provided by the City advising the said labor union or workers=representative of the contractor=s and subcontractor=s commitments under this section and shall post copies of the notice in conspicuous places available to employees and applicants for employment.
4. The contractor and subcontractors, if any, will comply with all provisions of Executive Order No. 11246 of September 24, 1965, as amended, and of the rules, regulations and relevant orders of the Secretary of Labor or other Federal agency responsible for enforcement of the equal opportunity provisions where applicable and will likewise comply with the provisions of Sections 4112.02, 4112.07 and 153.59 of the Ohio Revised Code.
5. The contractor and subcontractors as amended, if any, will furnish all information and reports required by Executive Order No. 11246 of September 24, 1965, as amended, and by the rules, regulation and orders of the Secretary of Labor, of pursuant thereto when the same are applicable, and will permit access to all books, records and account by the appropriate City and Federal officials for purposes of investigation to ascertain Compliance with such rules, regulations and orders.
6. In the event of the contractor=s or subcontractor=s non-compliance with the non-discrimination clause of this contract, or with any of such rules, regulation or orders, this contract may be canceled, terminated or suspended in whole or in part, and the contractor may be declared ineligible for further City contracts in accordance with procedures provided in Executive Order No. 11246 of September 24, 1965, as amended, and such other sanctions may be imposed and remedies invoked as provided in the said Executive Order, or by rule, regulation or order of the Secretary of Labor, the City Manager, or as may otherwise be provided by law.
7. The contractor will include the provisions of Paragraphs 1 through 8 herein every subcontract or purchase order unless exempted by rules, regulations or orders of the Secretary of Labor issued pursuant to Section 204 of Executive Order No. 11246 of September 24, 1965, or by the order of the City Manager, so that such provisions will be binding upon each subcontractor or vendor. The contractor will take such action with respect to any subcontract or purchase order as the City may direct as a means of enforcing such provisions including sanctions for non-compliance, provided, however, that in the event the contractor becomes involved in or is threatened with litigation with a subcontractor or vendor as the result of such direction by the City, the contractor may request, in the case of contracts receiving Federal assistance, the United States to enter into such litigation to protect the interests of the United States.
8. The contractor shall file and shall cause each of his subcontractors, if any, to file compliance reports with the City in the form and to the extent as may be prescribed by the City Manager. Compliance reports filed at such times as directed shall contain information as to the practices, policies, programs, and employment policies, and employment statistics of the contractor and each subcontractor.

POLICIES AND PRACTICES

The bidder/contractor will indicate his/her willingness to comply with the requirements of the Equal Employment Opportunity Program of the City of Cincinnati by encircling the applicable letters to the left of each item below. The letters are to be interpreted as follows:

- A - This is now a practice of the Company/Organization.
- B - The Company/Organization will adopt this policy.
- C - The Company/Organization cannot or will not adopt this policy. (If AC® is circled - state reason.
Use separate sheet if additional space is needed.)

It is understood that the Company-s/Organization-s willingness to participate in the Equal Employment Opportunity Program will be evaluated by the Contract Compliance Division. This evaluation will directly influence our decision on the qualification of each bidder/contractor and is an integral part of your bid/contract. ALL QUESTIONS MUST BE ANSWERED.

Circle One	Items	State Reason if (C) is circled
A B C	1. The Company/Organization will adopt a policy of non-discrimination on the basis of race, religion, color, sex, national or ethnic origin, age, handicap, or Vietnam military service with regard to recruitment, hiring, training, upgrading, promotion, disability or maternity leave, discipline and remuneration of employees or an applicant for employment. An Affirmative Action Plan including goals and timetables will be developed to correct existing deficiencies in the aforementioned areas, if those deficiencies exist.	
A B C	2. The Company/Organization will assign responsibility to one of its officials to develop procedures will assure that this policy is understood and carried out by managerial, administrative and supervisory personnel. Official-s Name _____ Title _____	
A B C	3. The Company/Organization will state its non-discrimination policy in writing and communicate it to the following: a. All employees b. All advertisement and recruitment sources c. All relevant employee organizations d. All subcontractors including labor unions	
A B C	4. If the Company/Organization should need to use recruitment sources such as employment agencies, unions and schools. These sources will have a policy of referring applicants on a non-discriminatory basis.	
A B C	5. If the Company/Organization sponsors or finances educational or training programs for the benefit of employees it will do so without regard to race, religion, color, sex or national origin.	
A B C	6. If the Company/Organization has recruiters, they will seek a broad recruitment base in order that a representative cross-section of applications might be obtained; and will refrain from a hiring policy which limits job applicants to persons recommended by company/organization personnel.	
A B C	7. The Company/Organization will take steps to integrate any positions, departments or plant locations which have no minority persons, or are predominantly staffed with one particular ethnic, sex-classified or racial group.	
A B C	8. Answer only if you are a AConstruction Contractor.® In order to achieve an integrated work force the Company/Organization will employ minority workers in each trade, and/or implement an Affirmative Action Program satisfactory to the Contract Compliance Division, City of Cincinnati.	
A B C	9. The Company/Organization will review its qualifications for each job to determine whether such standards eliminate unemployed persons or underutilized persons who could perform the duties of the jobs adequately. Review should include, but not be limited to, the following qualificational areas: a. Education b. Experience c. Tests d. Arrest records	
A B C	10. Residence in a particular geographical area will not be a qualifying criterion for employment with the Company/Organization.	
A B C	11. The Company/Organization will provide that all bargaining agreements with employee organization, including labor unions, have non-discrimination clauses requiring equal employment opportunity.	

INSTRUCTIONS FOR COMPLETION OF PAGE 5

- 1) Enter total number of employees in column (1) according to job categories as listed below.
- 2) Enter number of handicapped employees in company's total work force and enter in column two (2).
- 3) Break down columns three (3) through seven (7) into race/ethnic groups of the males and enter totals in column eight (8).
- 4) Break down columns nine (9) through thirteen (13) into race/ethnic groups of the females and enter totals in column fourteen (14)

NOTE: EMPLOYEES LISTED MUST BE FULL TIME PERMANENT EMPLOYEES ONLY. DO NOT INCLUDE SEASONAL, TEMPORARY, AGENCY OR PART TIME EMPLOYEES. EMPLOYEE FIGURES MUST REFLECT THE COMPANY'S TOTAL WORKFORCE, NOT ONE DEPARTMENT OR DIVISION.

DESCRIPTION OF CATEGORIES

Officials, managers and supervisors - Occupations requiring administrative personnel who set broad policies, exercise over-all responsibility for executive of these policies, and direct individual departments or special phases of a firm's operations. Includes: officials, executive, middle management, plant managers, department managers and superintendents, salaried foremen who are members of management, purchasing agents and buyers, and kindred workers.

Professionals - Occupations requiring either college graduation or experience of such kind and amount as to provide a comparable background, includes: accountants and auditors, airplane pilots and navigators, architects, artists, chemists, designers, dietitians, editors, engineers, lawyers, librarians, mathematicians, natural scientists, personnel and labor relation workers, physical scientists, physicians social scientists, teachers and kindred workers.

Sales workers - Occupations engaging wholly or primarily in direct selling. Includes: advertising agents and salesmen, insurance agents and brokers, real estate agents and brokers, stock and bond salesmen, demonstrators, salesmen and sales clerks, and kindred workers.

Office and clerical - Includes all clerical-type work regardless of level of difficulty, where the activities are predominantly non-manual though some manual work not directly involved with altering or transporting the products is included. Includes: bookkeepers, cashiers, collectors (bills and accounts), messengers, office machine operators, shipping and receiving clerks, stenographers, typists and secretaries, telegraph and telephone operators, and kindred workers.

Craftsmen (Skilled) - Manual workers of

relatively high skill level having a thorough and comprehensive know- ledge of the processes involved in their work. Exercise considerable independent judgment and usually receive an extensive period of training. Includes; the building trades, hourly paid foremen and lead-men who are not members of management, mechanics and repairmen, skilled machining occupations, compositors and typesetters, electricians, engravers, job setters (metal), motion picture projectionists, pattern and model makers, stationary engineers, tailors and kindred workers.

Operatives (Semi-Skilled) - Workers who operate machine or processing equipment or perform other factory-type duties of intermediate skill level which can be mastered in a few weeks and require only limited training.

Laborers (Unskilled) - Workers who operate machine or processing equipment or perform other factory-type duties of intermediate skill level which can be mastered in a few weeks and require only limited training.

Service workers - Workers in both protective and nonprotective service occupations. Includes: attendants (hospital and other institution, professional and personal service), barbers, cleaners, cooks (except household), counter and fountain workers, elevator operators, firemen and fire protection, guards, watchmen and doorkeepers, stewards, janitors, policemen and detectives, porters, waiters and waitresses, and kindred workers.

Apprentices - Persons employed in a program, including work training and related instruction to learn a trade or craft which is traditionally considered an apprenticeship, regardless of whether the program is registered with a Federal or State agency.

EMPLOYMENT DATA

Please note that these data may be obtained by visual survey or post-employment records. Neither visual surveys nor post-employment records are prohibited by any federal, state or local law. All specified data are required to be filled in by law.

	ALL EMPLOYEES		MALES						FEMALES					
	(1) TOTAL MALE & FEMALE	(2) HANDI- CAPPED	(3) WHITE	(4) AFRICAN AMER.	(5) ASIAN OR PACIFIC ISLANDER	(6) AMER. IN. ALASKAN NATIVE	(7) HISPANIC	(8) TOTAL MALE	(9) WHITE	(10) AFRICAN AMER.	(11) ASIAN OR PACIFIC ISLANDER	(12) AMER. IN. ALASKAN NATIVE	(13) HISPANIC	(14) TOTAL FEMALE
Officials, Managers and Supervisors														
Professionals														
Technicians														
Sales Workers														
Office & Clerical														
Craftspersons (Skilled)														
Operatives (Semi-skilled)														
Laborers (Unskilled)														
Service Workers														
Apprentices														
TOTAL														
Total employment from previous report (if any)														

CITY OF CINCINNATI
CONTRACT COMPLIANCE DIVISION
BIDDER/CONTRACTOR INFORMATION

Name of Company/Organization () Telephone Number

Address (Include Room/Suite Number, City, State and Zip Code)

Federal Tax I.D.Number or Social Security Number Name of Company/Organization Contact Person

CHECK APPROPRIATE BOX BELOW

- | | |
|---|---|
| <input type="radio"/> Prime Contractor/Construction | <input type="radio"/> Sub-Contractor/Construction |
| <input type="radio"/> Prime Contractor/Professional | <input type="radio"/> Sub-Contractor/Professional |
| <input type="radio"/> Supplier (Goods/Services) | <input type="radio"/> Non-Profit Organization |
| <input type="radio"/> Educational Institution | <input type="radio"/> Other (Please List) _____ |

SEX AND RACE OF BUSINESS OWNER(S)
CHECK APPROPRIATE BOX BELOW

- | | | | |
|------------------------------|--|--|-----------------------------------|
| <input type="radio"/> Male | <input type="radio"/> White | <input type="radio"/> Amer. Indian/Alaskan | <input type="radio"/> Hispanic |
| <input type="radio"/> Female | <input type="radio"/> African American | <input type="radio"/> Asian/Pacific Islander | <input type="radio"/> Other _____ |

SEX AND RACE OF BOARD OF DIRECTORS -- Non-Profit Organization
*****PUT THE NUMBER OF EACH IN THE APPROPRIATE BOX*****

- | | | | |
|------------------------------|--|--|-----------------------------------|
| <input type="radio"/> Male | <input type="radio"/> White | <input type="radio"/> Amer. Indian/Alaskan | <input type="radio"/> Hispanic |
| <input type="radio"/> Female | <input type="radio"/> African American | <input type="radio"/> Asian/Pacific Islander | <input type="radio"/> Other _____ |

SIGNATURE OF AUTHORIZED REPRESENTATIVE